

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

S P — 3 9 0

2. STATE:

Delaware

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/1/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$19,988

b. FFY 2002 \$67,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A, Page 1
Supplement 8C to Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 2.6-A, Page 1

10. SUBJECT OF AMENDMENT: Increase the income limit for Pregnant Women and Infants from 185% to 200% of the Federal Poverty Limit.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Governor's comments to follow by
Separate Correspondence.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Phil Soub

13. TYPED NAME:

Elaine Archangelo, Director, DSS

14. TITLE: Designee for Vincent P. Meconi, Secretary

Delaware Health & Social Services

15. DATE SUBMITTED:

DEC 27 2001

16. RETURN TO:

Elaine Archangelo
Director

Division of Social Services
P.O. Box 906
New Castle, DE 19720-0906

17. DATE RECEIVED:

JAN 5, 2002

18. DATE APPROVED:

March 14, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 01, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Claudette V. Campbell

21. TYPED NAME:

Claudette V. Campbell

22. TITLE: Associate Regional Administrator
CMS/DMSO/Region III

23. REMARKS:

NEW PLAN

Revised March 7, 2002

Supplement 1 to ATTACHMENT 2.6-A

Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTSTATE: DELAWARE**A. INCOME ELIGIBILITY LEVELS - CATEGORICALLY NEEDY**

# IN UNIT	AFDC RELATED	PREGNANT WOMEN AND INFANTS UNDER AGE 1	CHILDREN UNDER AGE 6	CHILDREN BORN AFTER 9/30/83	SSI RELATED	Special Income Standard Under 42CFR \$435.231 NFs, ICF/MRs, ICF/IMDs & HCBS Waivers	Special Income Standard Under 42CFR \$435.231 Hospitals	Optional State Supplement
1	\$537	185% FPL*	133% FPL	100% FPL	100% SSI	250% SSI	100% SSI	SSI + \$140
2	\$726	185% FPL*	133% FPL	100% FPL	100% SSI	250% SSI	100% SSI	
3	\$915	185% FPL*	133% FPL	100% FPL				
4	\$1,103	185% FPL*	133% FPL	100% FPL				
5	\$1,292	185% FPL*	133% FPL	100% FPL				
6	\$1,481	185% FPL*	133% FPL	100% FPL				
7	\$1,669	185% FPL*	133% FPL	100% FPL				
Each Add'l	\$189	185% FPL*	133% FPL	100% FPL				

*SEE SUPPLEMENT 8C TO ATTACHMENT 2.6-A FOR MORE LIBERAL METHOD.

TN No. SP-390

Supersedes

TN No. SP-362

Approval Date

MAR 14 2002

Effective Date

OCT 01 2001

NEW PAGE

Submitted March 7, 2002

Supplement 8c to ATTACHMENT 2.6-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

MORE LIBERAL METHODOLOGY OF TREATING INCOME FOR PREGNANT WOMEN AND INFANTS UNDER AGE 1 UNDER SECTION 1902 (r) (2) OF THE ACT

For Pregnant Women and Infants Under Age 1, the State of Delaware will disregard an equal amount to the difference between 185% and 200% of the Federal Poverty Level for the same family size as updated annually in the Federal Register.

TN No. SP-390

Supersedes

TN. No. SP-362

Approval Date

MAR 14 2002

Effective Date

OCT 01 2001

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3499



MAR 14 2002

Elaine Archangelo
Director Designee for
Vincent P. Meconi, Secretary
Delaware Health and Social Services
P. O. Box 906
New Castle, Delaware 19720

Dear Ms. Archangelo:

We are pleased to enclose a copy of the approved State Plan Amendment No. SP-390. The effective date is October 1, 2001. This Amendment disregards from income the difference between 185% of the Federal Poverty Level (FPL) and 200% of the FPL for pregnant women and infants.

If you have any questions concerning this information, please contact Betty Wheeler of my staff. She can be reached at (215) 861-4190.

Sincerely,

Claudette V. Campbell
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosure